

CANCERCARE *PLUS* INSURANCE POLICY

PRODUCT SUMMARY

PRODUCT INFORMATION

CancerCare *Plus* insurance policy is a specially designed Cancer policy for male & female insured of aged 20 to below 65. It provides a lump sum Basic Benefit for Major Cancer as well as an Accelerated Benefit in the event of Early Stage Cancer. You are advised to refer to the policy contract for more details. This policy pays on top of any other insurance policies that you may have.

CancerCare *Plus* insurance policy is underwritten by MSIG Insurance (Singapore) Pte. Ltd. ("MSIG").

The benefits are as follows:

BENEFIT DESCRIPTION	SUM INSURED
Basic Benefit A. Major Cancer	S\$100,000
Accelerated Benefit B. Early Stage Cancer <ul style="list-style-type: none"> • Carcinoma-in-situ • Early prostate cancer • Early thyroid cancer • Early bladder cancer • Early chronic lymphocytic leukemia • Gastro-intestinal stromal cancer 	50% of Basic Benefit

PREMIUMS

The premium is inclusive of 8% GST. If the GST rate changes, the premium will change accordingly.

Annual Premium Per Insured

AGE BAND	MALE	FEMALE
20 - 29	S\$54.00	S\$109.45
30 - 39	S\$95.04	S\$285.12
40 - 44	S\$195.85	S\$472.47
45 - 49	S\$328.32	S\$820.09
50 - 54	S\$538.55	S\$1,189.45
55 - 59	S\$907.20	S\$1,422.73
60 - 64	S\$1,215.37	S\$1,722.23
65 - 69*	S\$1,895.03	S\$1,867.69
70 - 74*	S\$2,773.44	S\$2,013.12
75 - 79*	S\$3,510.65	S\$2,436.48
80 - 84*	S\$3,706.56	S\$2,905.91

* For renewals only



KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract.

SOME DEFINITIONS

- “Diagnosis” means the definite diagnosis made by a doctor residing and practicing in Singapore and based upon such specific evidence, as referred to in the definition of the particular Cancer concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to us.
- “Pre-existing conditions” means any illness, condition or symptom:
 - a) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable or
 - b) which presented signs, symptoms of which the Insured was aware or should reasonably have been aware or which originated or existed, or
 - c) would cause an ordinarily prudent person to seek diagnosis, care or testprior to the commencement date.
- “Doctor” means a properly qualified medical practitioner (other than an Insured or a member of the insured’s immediate family) licensed by the Ministry of Health in Singapore or its equivalent in the country of in which treatment is provided, and who in rendering such treatment is practising within the scope of his or her licensing and training.
- “Carcinoma-in-situ” means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. The diagnosis of the Carcinoma-in-situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- ‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

BENEFIT AMOUNT

The amount of Basic Benefit payable by the company will be S\$100,000, less any benefit paid out under Accelerated Benefit across all policy years, and less any premiums in respect of the entire policy year which have not been paid.

The Basic Benefit will be paid once only and in respect of any diagnosis of cancer suffered by the insured after the commencement date. However, should the first diagnosis of cancer be Early Stage Cancer, We will only pay the Accelerated Benefit. For the next cancer diagnosed that is not Early Stage Cancer, we will pay the Basic Benefit less the Accelerated Benefit previously paid for Early Stage Cancer.

The Accelerated Benefit which is equal to S\$50,000 (50% of the Basic Benefit) shall be paid if the insured is first diagnosed with Early Stage Cancer. This Accelerated Benefit shall cease upon payment of one Accelerated Benefit. The sum insured for the insured’s Basic Benefit coverage shall automatically be reduced by the amount of Accelerated Benefit paid out by us.

The cover will cease immediately upon payment of 100% of the Basic Benefit.



ELIGIBILITY

Unless we agree in writing otherwise any person you wish to insure under this policy must be named as an insured in the schedule and must at the commencement date be the following:

- a) yourself aged between twenty (20) years and below sixty-five (65) years old, and
- b) residing in Singapore.

CANCER DEFINITION

1. Major Cancer *

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- a) All tumours which are histologically classified as any of the following: pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- b) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- g) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- h) All Gastro-intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- i) Chronic Lymphocytic Leukemia less than Rai Stage 3;

- j) All Bone Marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- k) All tumours in the presence of HIV infection.

* The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). This Critical Illness falls under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

2. Early Stage Cancer

Carcinoma-in-situ

The following conditions are excluded from coverage:

- Cervical dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions
- Prostatic Intraepithelial Neoplasia (PIN)
- Vulvar Intraepithelial Neoplasia (VIN)
- Melanoma in situ and all non-melanomas skin carcinoma
- Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential

Early Prostate Cancer

Prostate cancer that is histologically described using the TNM Classification as T1a or T1b or prostate cancers described using another equivalent classification.

Early Thyroid Cancer

Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of thyroid that is less than 2cm in diameter.

Early Bladder Cancer

Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary carcinoma of the bladder (stage Ta) is excluded.

Early Chronic Lymphocytic Leukemia

Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

Gastro-intestinal Stromal Cancer

All Gastro-intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs which are treated with surgery or chemotherapy as recommended by an oncologist.

SURVIVAL PERIOD

A claim can only be made under this policy if the insured survives for a period of at least seven (7) days from the time of the first diagnosis of the cancer which is the subject matter of the claim.



WAITING PERIOD

No claim for the Benefit can be made if the cancer was first diagnosed within ninety (90) days of the commencement date, or the reinstatement date, whichever is later.

EXCEPTIONS

There are certain situations where no benefit will be payable. These are stated as general exceptions in the policy. The following is a list of exceptions for this policy.

- Pre-existing conditions, as defined in the policy.
- The insured is diagnosed or having signs and symptoms of a major cancer/early stage cancer within 90 days of the commencement date of this benefit or of the date of reinstatement (if any).
- Unreasonable failure to seek or follow medical advice.
- Mental illness, psychiatric disorders; self-inflicted injury, suicide; any sexually transmitted diseases, infection with Human Immuno-deficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS); alcohol or solvent abuse or the taking of drugs except under the direction of a registered medical practitioner.
- Act of terrorism including nuclear radiation and/or contamination by chemical and/or biological agents.
- War, invasion, act of foreign enemies, hostilities or warlike operations, civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power.

AUTOMATIC RENEWAL OF COVERAGE

Unless the policy is cancelled or terminated in accordance with the policy terms and conditions, the policy will be renewed automatically from year to year, so long as premium is paid when due.

ALTERATIONS

- a) At each renewal of this policy, we have the right to vary the premium payable and all other terms, conditions and exceptions of the policy. We will notify you of any such change at least thirty (30) days before the renewal date. Your continued payment of premium after we give such notice will mean that You accept the change.
- b) If the date of birth of the insured has been incorrectly stated, the benefits will be amended by us having regard to the true date of birth. If the true date of birth is such that, had it been known to us at the time of the policy was proposed for, we would not have issued the policy, then we may cancel the policy and no benefits will be payable.
- c) Any misrepresentation of or failure to disclose material facts by the insured, will entitle the company to alter, amend or cancel the policy having regard to the true facts and all benefits under the policy shall be forfeited. A material fact is any information that could influence the company in its assessment of your application.

CANCELLATION

Either the insured or the company may cancel this policy by giving the other party thirty (30) days' notice in writing sent to the last known address. Refunds of premium in respect of a period of insurance will be made as follows:

- a) If the insured cancels the policy, the company will make a refund of premium that the insured has paid on pro-rated basis from the date of cancellation provided no claim has arisen and the amount refundable is more than S\$10.00.
- b) If the company cancels the policy, the company will make a pro-rata refund of the premium paid.



TERMINATION

- a) The entire policy will terminate and your cover under it will cease immediately upon:
 - i) non-payment of premium by the due date as described in the Payment Before Cover Warranty of this policy; or
 - ii) the cancellation of this policy as described in General Condition 7.
- b) Unless we have agreed otherwise in writing, your cover under this policy will terminate immediately in any of the following circumstances, whichever first occurs:
 - i) payment of the Basic Benefit; or
 - ii) on the expiry of the policy year in which you attain eighty-five (85) years old; or
 - iii) at the time of your death.

CLAIM CONDITIONS

We will act in good faith in all our dealings with you. Equally, the payment of claims is dependent on due observation of the following:

1. Notification of claim

Claims or potential claims under this policy must be notified to the company within the notification period.

2. Proof of claim

The following must be provided to the company:

- a) completed claim form within the notification period;
- b) information, evidence or supporting documents, medical certificates or medical reports which we may require supplied at your expense;
- c) all medical certificates and results of medical examinations and/or tests must be submitted to the company in writing and must be provided by doctor resident and practicing in Singapore;
- d) proof of legal title of claimant;
- e) proof of the insured's date of birth;
- f) the insured or his/her legal personal representative's written consent to allow the company to receive the results of any medical examinations and/or tests and/or the Insured medical history or records;
- g) such other information that the company may reasonably require.

If on the balance of medical fact or probability it is appropriate for the company to decline a claim by virtue of the pre-existing condition exclusion, the insured shall have the right and the obligation to produce such medical evidence as the company may reasonably require to enable the company to reconsider the claim under the policy.

Incomplete claim forms cannot be accepted for processing of payments. Attach originals of all relevant documents and bills. Photocopies are not acceptable.



3. Examinations

The company is entitled to require:

- a) medical examinations of and/or tests on the insured carried out by a medical examiner appointed by the company at the company's expense at such intervals as the company may reasonably decide
- b) a post-mortem examination, where this is not forbidden by law.

FREE LOOK

You have fourteen (14) business days from the date you receive the policy to review the policy. If dissatisfied, you may cancel the policy within these fourteen (14) days with no questions asked. Any premiums paid will be refunded, provided no claim has arisen.

IMPORTANT NOTE

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you thirty (30) days' notice in writing.

You should consider carefully if you are intending to switch accident and health policies, as this might be detrimental to your current and/or future needs. You may wish to seek advice from a financial adviser before making a commitment to purchase this policy. In the event that you choose not to seek advice, you should carefully consider whether the policy is suitable for you. If you decide that this policy is not suitable after purchasing the policy, you may terminate the policy in accordance with the free-look provision.

The total distribution-related cost of this product is between 15% and 35% of the insurance premium.

This product summary is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact MSIG or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).